

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

OCT 3 1 2018

I. Name of Lobbyist(s) George W. Ro	NEW HAMPSHIRE DEPARTMENT OF STATI		
II. Name of lobbyist's partnership, firm	or corporation, if any	:	
Orr & Reno, P.A. (Name of partnership, firm of	or corporation)		
45 S. Main Street, P.O. Box 3550 Business Address: (Street)	Concord (Town/City)	NH (State)	03302 (Zip Code)
(603) <u>224-2381</u> (603) (603)	03) <u>224-2318</u> (Fax)	e-mail grousso	s@orr-reno.com
III. This statement covers: (Choose one - reportable expense transactions which as			ay file a separate report for
All reportable transactions occurring in	the months prior to the	e reporting date relative to t	he following client:
American Insurance Associat (Full Name of Client OR	tion as it appears on the Lobb	yist Registration Form)	
☐ All reportable transactions by the lobbyi unrelated to any particular client.	st (including the lobby	rist's family), or the lobbyin	g firm listed below which are
IV. Date of Report April 25, 2018 Reports cover: activity from date of registre	ation to 3/31/18	July 25, 2018	8
October 31, 2018 activity from 7/1/18 to		January 30, 2019 activity from 10/1/18 to 12/3.	1/18
V. There have been no fees received a lf this box is checked, complete just this for Concord, NH 03301.	and no reportable to m and submit it to the	ransactions made since s Secretary of State's Office,	the last report. State House, Room 204,
VI. Check if additional reports are attack			
☑ If you have received fees or made expe			
☐ If you have paid an honorarium or reim Expense Reimbursement	ibursed expenses, you	must the Audendum b- K	eport of Honoral tunis of
☐ If you, your firm, or your family has m	ade political contributi	ons, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by Lobbyi I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge	and RSA 664 and here and belief.	eby swear or affirm that the	foregoing information is true
(Signature of lobbyist)		10/31/18	- -
(Signature of lobbyist)		(Da	ate)
George W. Roussos (Print Name of lobbyist)			

P L E A S E P R I

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
III. Name of Client American Insurance Association	Date(0/31/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or	public relations serv
a) Total of all fees received in this reporting period	a) \$	10,000.00
Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ ear)	19,978.93
c) Total of all fees received to date (Add lines a and b)	c) \$	29,978.93
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied.	client and if e may be filed e aggregate to xpenses; (b) t le: meals puro ss than \$10 the ed with a valu orting period of	xpenditures are mad for the lobbyist(s)/ otal of all expenses the aggregate total of chased during a busi at is given to the pe e of \$25.00 or less);
any purpose not covered by (a) (for example: purchase of a meal with val ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums	er than \$25, t , expense reii	than \$25, purchase out not greater than mbursement, or pol
any purpose not covered by (a) (for example: purchase of a meal with val ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. a) Total aggregate expenses for this reporting period for salaries, benefits,	er than \$25, t , expense reii	than \$25, purchase out not greater than mbursement, or pol lum A.
(c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	er than \$25, b , expense rein ted on Addend	than \$25, purchase out not greater than mbursement, or pollum A.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	0.00_
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	100.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	obbying fees dur	ing this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		,
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foreg	going information
is true and complete to the best of my knowledge and belief.		
mm Mm	10/31/18	
(Signature of lobbyist)	(Date	
George W. Roussos		
(Print Name of lobbyist)		

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partn	ership, firm, or corpo	oration: Orr & Reno, P.	Α.	_
Name of Client (leave bl	ank if Statement is fo	or the partnership, firm, or	corporation and not related to a	ıny
particular client): _Ame	erican Insurance As	sociation		
Date of Report (check o	ne):			
April 25, 2018 □	July 25, 2018 🗆	October 31, 2018 🖾	January 30, 2019 □	
			nd Expenses described above, a umber of Addendum forms bei	
1 Addendum A(s)				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affirm complete to the best of n		lief.	nt and each Addendum is true a	ınd
(Signature or loody ist)			(Build)	
George W. Roussos		<u> </u>		
(Print Name of lobbyist)				